

12/28/99
JC520 U.S. PTO

ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, DC 20231

12-29-99

PATENT
Date: December 28, 1999
File No. 0941.63502

Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Kazutaka Hanaoka, Yuichi Inoue,
Seiji Tanuma and Makoto Ohashi

For: DRIVING OF A LIQUID CRYSTAL
DISPLAY DEVICE

Enclosed are:

(X) 20 pages of specification, including 16 claims and an abstract.
(X) an executed oath or declaration, with power of attorney.
() an unexecuted oath or declaration, with power of attorney.
(X) 8 sheet(s) of informal drawing(s).
() sheet(s) of formal drawings(s).
(X) Assignment(s) of the invention to Fujitsu Limited.
(X) Assignment Form Cover Sheet.
(X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
() Information Disclosure Statement.
() Form PTO-1449 and cited references.
() Associate power of attorney.
(X) Priority Document.

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Asst. Comm. for Patents, Washington, D.C. 20231, on this date.

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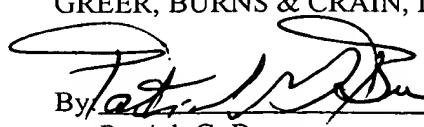
Fee Calculation For Claims As Filed

a) Basic Fee					\$ 760.00			
b) Independent Claims	2	-	3	=	0	x \$ 78.00	=	\$ _____
c) Total Claims	16	-	20	=	0	x \$ 18.00	=	\$ _____
d) Fee for Multiple Claims						\$260.00	=	\$ _____
						Total Filing Fee		\$ 760.00

() _____ Statement(s) of Status as Small Entity, reducing Filing Fee by half to \$ _____
(X) A check in the amount of \$ 760.00 to cover the filing fee is enclosed.
() Charge \$ _____ to Deposit Account No. 07-2069.
(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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